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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

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## DECLARATION Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
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<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number <input type="text" value=""/> → <input type="checkbox"/> Place Customer Number Bar Code Label here <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below			
Name	Registration Number	Name	Registration Number
Robert B. Hughes Michael F. Hughes	19,304 41,084		

<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.			
Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <input type="text" value="22931"/> OR <input checked="" type="checkbox"/> Correspondence address below			
Name	Hughes Law Firm, PLLC		
Address	Pacific Meridian Plaza, 4164 Meridian Street, Suite 302		
Address			
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Country	U.S.	Telephone	(360) 647-1296
		Fax	(360) 671-2489

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any)		Family Name or Surname					
Scott		Kohlmeier					
Inventor's Signature				2-20-09	Date		
Residence: City	Bellingham	State	WA	Country	U.S.	Citizenship	U.S.
Post Office Address	3000 Niagara Street						
Post Office Address							
City	Bellingham	State	WA	ZIP	98226	Country	U.S.
XAdditional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

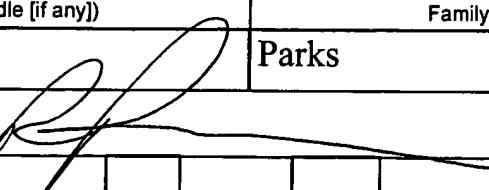
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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
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Ronald K. A.		Parks				
Inventor's Signature						Date 07/07/07
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
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Inventor's Signature						Date
Residence: City		State		Country		Citizenship
Post Office Address						
Post Office						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Date
Residence: City		State		Country		Citizenship
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